DOCUMENT RESUME

ED 423 955 PS 026 364

AUTHOR Grotberg, Edith H.
TITLE The International Resilience Project: Research and Application.
INSTITUTION Civitan International, Birmingham, AL.
PUB DATE 1995-00-00
NOTE 13p.
PUB TYPE Reports - Research (143)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adjustment (to Environment); Behavior Patterns; *Child Development; *Coping; Early Experience; Emotional Response; Foreign Countries; *Parent Child Relationship; *Parent Influence; Parent Role; *Resilience (Personality)
IDENTIFIERS *International Resilience Project

ABSTRACT

The International Resilience Project was launched to determine the role of parents, teachers, other adults and children themselves in promoting resilience in children. In this study, 589 children and their families or caregivers participated; most children were 9-11 years old, with children ages birth to 6 years represented also. Subjects reported from Lithuania, Russia, Costa Rica, Czech Republic, Brazil, Thailand, Vietnam, Hungary, Taiwan, Namibia, Sudan, Canada, South Africa, and Japan. Subjects responded to situations of adversity or described a personal experience of adversity that involved the target child. Findings indicated that adults promote more resilience than children, and older children promote more resilience than younger children, suggesting that resilience promotion depends more on the behavior of parents and adults for children age 6 and under, while children ages 9-11 do as much to promote their own resilience as adults. The most frequently used resilience factors or features included (external support) trusting relationships, structure and rules at home, and encouragement of autonomy; (internal support) autonomy, sense of being lovable, and locus of control; and (social support) communication and problem solving. These features were distilled into a vocabulary of resilience: "I Have..." (external); "I Am..." (internal); and "I Can..." (social). A guide was subsequently developed to help those working with children and families incorporate resilience into their work. The guide includes age-appropriate activities and examples from research. (JPB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

THE INTERNATIONAL RESILIENCE PROJECT

Research and Application
Edith H. Grotberg, Ph.D. Senior Scientist
Civitan International Research Center, UAB

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
Edith H. Grotberg
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

ED 423 955

Research

A shift from pathology to resilience

The recognition of resilience as a phenomenon emerged more by accident that by intent. The focus of research was primarily to determine pathological or risk factors with which children coped in life. The intent of the studies focused heavily on ways to identify the damage done to the children and to provide services to help them develop as well as possible with the risks they lived with. Those researchers who found that about one-third of the children living with such risks and pathology, but were well adjusted, happy and successful, began to wonder what was going on with them; how could the success of these children be accounted for (Werner & Smith, 1982; Garmezy, 1985).

The important reply came from William Frankenburg, M.D.,., in his opening statement at the Fifth International Conference on Early Identification of Children at Risk: Resilience Factors in Prediction. He stated:

> One thing that has become clear from the four previous conferences is how often researchers and care providers alike have been caught up in a pathological model of looking at children. We have focused on looking for problems, a negative approach that may sometimes have the undesirable effect of causing parents to think negatively about their children. That is why the Fifth International Conference will focus on those resilience and "self-righting " factors - those strengths - that seem to protect some children who are at high risk for developmental handicaps (Frankenburg, 1987).

That statement captured the essence of the problems with focusing on pathology. But an additional point critical to studying resilience was made by The Bernard van Leer Foundation supported conference held in the Kingdom of Lesotho in 1991 in which the focus was Building on People's Strengths: Early Childhood in Africa (The Bernard van Leer Foundation, 1994). Other national and international meetings on resilience followed these seminal meetings with a clearer view of what was involved with children who overcame the odds, i.e., became competent, well adjusted children and adults in spite of the risks and adversities they faced.

The coalescing views entailed recognizing some traits and characteristics these resilient children had that were different from or not as frequently found in children who were not resilient. The traits were identified by different researchers and practitioners, but there was growing consensus on their identification. The International Resilience Project organized those traits into the following categories: External supports and resources, including trusting relationships; access to health, education, welfare and security services; emotional support outside the family; structure and rules at home; parental encouragement of autonomy; stable school environment; stable home environment; role models; and religious organizations (morality); Internal, personal strengths, including a sense of being lovable; autonomy; appealing temperament; achievement oriented; self-esteem; hope, faith, belief in God,

CS 023 064

morality, trust; empathy and altruism; and locus of control; Social, interpersonal skills, including creativity; persistence; humor; communication; problem solving; impulse control; seeking trusting relationships; social skills; and intellectual skills.

What is resilience?

Recognizing features of resilience did not mean there was agreement on what resilience is; how to define it. Defining resilience is a continuing problem (Kaufman, Cook, Arny, Jones & Pittinsky, 1994) and there is a lack of consensus about the domain covered by the construct of resilience; i.e., its characteristics and dynamic (Gordon & Song, 1994). At a recent meeting the author attended, the argument was that if there is no instrument measuring resilience, no research can be conducted on the subject! Some languages do not yet have an equivalent word (Kotliarenco & Duenas, 1993). Spanish, for example, has no word for resilience in psychological literature but, instead uses the term "la defensa ante la adversidad (Grotberg, 1993)". French has the word but is questioning whether the concept is viable in the behavioral sciences, with increasing acceptance of its appropriateness (Manciaux, 1995).

But on examining the literature, there is a good deal of agreement on what the factors or features of resilience consist of. The problem of defining resilience as a construct may not be for lack of agreement on many of the factors and characteristics of resilience; rather, the problem may be more related to the dynamic interaction of the resilience factors, and the sources of resilience factors; e.g., internal/external; resources/skills.

A definition of resilience that appears to incorporate the literature and is used in the International resilience Project is: Resilience is a universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity. Resilience may transform or make stronger the lives of those who are resilient. The resilient behavior may be in response to adversity in the form of maintenance or normal development despite the adversity, or a promoter of growth beyond the present level of functioning. Further, resilience may be promoted not necessarily because of adversity, but, indeed, may be developed in anticipation of inevitable adversities.

Launching of the International Resilience Project

The International Resilience Project is being conducted to ask a new question: What are parents, teachers, other adults and children themselves doing to promote resilience in children? The reason for asking this new question is to go beyond the retrospective and concurrent studies which found children already resilient and then attempted to identify what resilience factors or features they possessed or demonstrated that seemed to help them overcome the adversities they experienced. It seemed important to determine how children became resilient, how they developed the resilience features, how resilience could be promoted.

The project was international in scope primarily because of the growing interest in resilience as reflected by conferences involving resilience in different parts of the world. The Civitan International Research Center, University of Alabama at Birmingham, the primary sponsor of the Resilience Project, encouraged an international approach to the study in line with their new role in international research. They accepted the subject of resilience as an appropriate focus for an international effort. To assure

international involvement and perspective, an Advisory Committee was established in early in 1993 representing UNESCO, Pan American Health Organization (PAHO), WHO, the International Children's Center (ICC), the International Catholic Child Bureau (ICCB), and, later, the Bernard van Leer Foundation. Their role is to provide suggestions and criticisms to the International Resilience Project.

The Research

The design and instruments used in the Project incorporate the following assumptions:

a. resilience factors that are used in response to constructed situations of adversity, and in reporting a recent personal experience of adversity involving a child, are, in fact, promoting resilience in the children;

b. adversity is not limited to man-made disasters such as war, famine, poverty, confinement, refugee status, etc., or to natural disasters such as earthquakes, hurricanes, floods, droughts, etc. Adversity may occur in everyday life in the form of divorce, abandonment, abuse, alcoholism, stabbing, illness, death, robberies, loss of home or job, moving, accidents, murder. Resilience may be promoted not necessarily because of adversity but, in fact, may be promoted in anticipation of inevitable adversities;

c. the early years of development are accepted as a critical time for acquiring many of the basic skills, attitudes and values that tend to remain over the life span. Werner (1993) specifically stated that children 11 years old of age and younger are the most likely age group to develop many resilience factors;

d. the Erikson developmental model is an appropriate model to use internationally, in spite of its lack of addressing gender differences. And while there is concern for western models for international research (Wade, 1993) many studies (Grotberg & Badri, 1992) have found such models useful when: i. applied without rigid age division lines; ii. using flexibility in noting behaviors in observation; iii. using culturally adaptive measurement of developmental status; and iv. being flexible in intervention activities. Measurement instruments lend themselves quite readily to translation and cultural adaptation (Badri & Grotberg, 1984).

The design for the International Resilience Project includes the following:

a. 15 Situations of adversity which were designed to address age groups 0-3; 4-6; and 9-11. An example of a Situation for each age group is as follows:

Two year old Frieda is at the market with her parent (caregiver). She grabs some sweets from a tray and begins to put them in her mouth. Her parent tries to take the sweets away because she cannot pay for this treat. Frieda shouts, NO! MINE! arches her back and stiffens all over.

Karlin is four years old. He is playing with his older sister and they are pretending they have a shop. They want to sell food and juice and so have arranged some boxes to put the food on and are looking for bottles or vessels to put the juice in. They take food from the family food area to put on the

boxes and are filling bottles with juice. Their father sees them and realizes they are taking precious food and juice that the family needs.

Tina is eleven and Clark is six years old. They are in the house alone. Tina is washing some dishes and Clark is putting his toys away in a box. It is almost time for lunch and they are waiting for their mother to come home. Suddenly, Tina hears Clark scream, "My foot is caught! Oh, it hurts!" Tina rushes to Clark.

Respondents answered the following questions for each Situation of adversity:

(For adults or someone in charge) What did the adult do?
How did the adult feel?
What did the child do when the adult did that?
How did the child feel?
How did things come out or how are things now?

(For children) What did the adult do (except when no adult was around the question became, What did the child in charge do?)
What did the child do when the adult (or person in charge) did that?
How did the child feel?
How did things come out or how are things now?

The same questions were used when the adult or the child reported a recent personal experience of adversity that involved the target child.

A number of standardized tests were used to validate the selection of resilience factors that were assumed to measure social skills, locus of control as an internal strength, and the parental contribution resilience through bonding.

Participants from 30 countries joined the International Resilience Project. Data from the first 14 of these countries submitting their data are included in this report. The participants were provided a Guidance statement of the methodology and a Manual for the Training of Interviewers, as well as a packet of the Situations and Questions to be answered. The intent of the Guidance and Manual was to provide some common methodology and training for the participants. A demographic information sheet gathered data about the family and reports of recent experiences of adversity. Those who wished to include the standardized tests were provided them.

Data received between September, 1993 and August, 1994 are included and are from the following countries: Lithuania, Russia, Costa Rica, Czech Republic, Brazil, Thailand, Vietnam, Hungary, Taiwan, Namibia, Sudan, Canada, South Africa, and Japan.

Scoring for resilience promotion

The unit of scoring responses to the Situations and reports of Personal experiences was the complete episode of the response; i.e., there was a beginning, a process and an ending, each part of which used

resilience factors for promoting resilience in the children. The unit of the episode was selected for scoring because different parts of the response may or may not be acts promoting resilience. Many episodes had mixed responses. For example, a parent may provide loving, trusting support but prevent the child from testing his or her own need for autonomy, thus making the child overly dependent on parental protection. Scoring was a 1 for a non-resilience promoting response; 2 for a response mixing resilient and non-resilient promoting behavior; and 3 for a response indicating resilience promoting behavior.

When a response was scored a 3, the resilience factors derived from the literature and presented earlier were used to identify which resilience factors were used in promoting resilience. A further scoring involved identifying the specific external support and resources; the internal, personal factors used; and the social, interpersonal skills used. It was not necessary to draw on factors from each of the categories to score an episode as promoting resilience. What was important was the successful process of overcoming the adversity.

Findings

Data provided in the findings came from the 14 countries identified above. The population consisted of a total N of 589 target children and their families or caregivers; 48% are girls and 52% are boys. Most of the children were 9 to 11 years old (51%) with 29% ages 4 to 6 and 18% ages 3 and under. 65% of the children were healthy by WHO standards relating age to height, and 90% of the children were in some kind of school situation. 80% of the caregiver respondents were parents, with 20% being teachers or other caregivers. 85% of the families were in some kind of urban or semi-urban setting, including compounds, separate section of a town or suburb. 18% of the fathers were absent, with 3% absent mothers. 46% of the target children have one or more older siblings and 45% have one or more younger siblings. The mean size of families, including all who lived in the same residence, was 5.58, with an average family size of 3 to 5. Some families had members of 10 to 15 which affected the mean. 49% of the fathers had education beyond high school and 47% of the mothers had education beyond high school. 9% of the families reported a serious recent outside problem and 40% reported a serious recent intra-family problem. The cultural/ethnic identity broke down into 9% with a religious identity; 27% with a national identity; 13% with a racial identity; 27% with a tribal identity; and 10% with a mixed national/racial.

More older children responded than younger children, mainly because the participants conducting the research found them able to respond in groups and read the Situations for themselves. Where younger children were involved, the parent often had to be invited into the place of the interview or the interviewer had to go to the home. Further, it was difficult to elicit responses from the children. The few target children under 3 was consistent with the decision to add that age group, as several participants stated they worked with families having these young children and not older children, and wanted to involve such a population.

The health information is suspect because many of the children were in cultures where smallness is not a sign of ill health, but of local genetic characteristics. The high percentage of children in a school setting and of parents with higher education is a reflection of the places services were provided these families by the participants or where the children were available in the school setting. Also, many

countries provide more education as a political policy and this does not reflect the socio-economic level of a family. Level of education is not the indicator of socio-economic level in many countries. An interesting incidental finding, however, is that the correlation between father's level of education and the child's scores on resilience was not significant, while the correlation of the mother's level of education and the child's scores on resilience was low but positive; i.e., .208

The 6 major outside problems the family experienced within the preceding 5 years were, in rank order: robberies; war; fires; earthquakes; floods; and car accidents. The 6 major within-family problems the family experienced within the preceding 5 years in rank order: death of a parent or grandparent; divorce; separation; illness of parent or siblings; poverty; and the family or a friend moving.

The ethnic/cultural identities were of particular interest as all the families were in a nation; yet only 27% made that the prime identity, with another 10% combining national and tribal identities.

Evidence of resilience promoting behavior

Overall, 38% of adult responses had resilience promoting scores of 3, with 38.3% of the adults with children 6 and under having resilience scores and 37.6% of adults with children 9 to 11 having resilience scores. There is virtually no difference in parents' scores regardless of the ages of their children. For children 4 to 6, 11.6% had resilience scores of 3, and for children 9 to 11, 31% had resilience scores of 3. The overall average of resilience scores of 3 for all children was 24%.

Adults, on the whole, promote more resilience than children, and older children promote more resilience than younger children. These findings suggest that the promotion of resilience depends more on the behavior of parents and adults for children 6 and under, while children 9 to 11 do as much to promote their own resilience as do their parents and other adults. But, it is important to note that these percentages of resilience scores of 3 are relatively low for both adults and children. When well over half of the responses show little or no resilience promotion, the case for such promotion becomes more important. Further, the role of adults in the promotion of resilience in children has new significance. It may well be true that resilience in children is dependent on adult contributions to its promotion. Resilience does not develop in a vacuum; it is within a context. As children become older they appear to assume a larger role in the promotion of their own resilience, still in the context of their supports, their acquired skills, and their enhanced inner strengths. The challenge, then, is how to help younger children be more able to promote resilience, how to help adults contribute to this more effectively and how to help all adults and children become more resilient.

Reports of Personal Experiences in Addressing Adversities

Each adult and each child interviewed was asked to report on a recent personal experience of adversity that included the target child. The data reflect the fact that only 40% of the adults reported a personal experience and 57% of the children reported such an experience. Even when allowing for children who were too young to report a personal experience, the relatively higher percentage reporting such an experience by children suggest a greater willingness to provide a report. The researchers at the country level frequently stated that people in their country did not want to admit to a problem, did not

want to reveal a problem or were superstitious about the consequences of reporting such a problem.

Comparing total percentages of resilience scores of 3 for the structured Situations with total percentages of such scores for the reporting of a Personal Experience, the following was found: 50% of the children from 4 to 11 who reported a personal experience had resilience scores of 3; and 42% of the adults had such a score. For responses to the Situations, 38% of the adults and 24% of children from 4 to 11 had resilience scores of 3. It seems clear that parents are consistent in their resilience promoting behavior, but that children show much more promotion of resilience in their real experiences that in structured situations.

Resilience features and dynamics used

The research findings provided information indicating which resilience features were used most frequently to promote resilience in children and what dynamics of resilience features were used most frequently.

The most frequently used resilience factors or features were these: from External supports and resources - trusting relationships, structure and rules at home, parental encouragement of autonomy, and role model; from Internal, personal strengths, - sense of being lovable, autonomy, self-esteem, hope and faith and trust, and locus of control; from Social, interpersonal skills - communication, problem solving, and impulse control.

One dynamic consisted of having a trusting relationship, having a sense of being lovable, and being able to communicate. Another dynamic was parental encouragement for autonomy, and problem solving. Another dynamic was structure and rules at home, locus of control, and impulse control And still another dynamic was role model, hope and faith and trust, and seeking a trusting relationship. Caregivers who provided a trusting relationship and were role models, for example, but did not encourage autonomy, frequently had children who did not respond to Situations or the Personal experience with evidence of resilience behavior. Parents who promoted a good deal of autonomy with a minimum of a trusting relationship, frequently had children who were autonomous but did not trust adults. These dynamics have importance as they go beyond many programs and much research on one factor or feature of resilience, such as self-esteem or problem solving.

Application

Research on human development and behavior does not necessarily lend itself to application to programs. The International Resilience Project, however, was designed so that such application might be possible. Previous research on resilience sought those features of children already "beating the odds" that differentiated them from children who were overwhelmed by the odds. These retrospective studies as well as the concurrent ones, in which children were observed or interviewed to identify special features, were important, but insufficient for application. It seemed desirable to attempt to determine what were parents, other adults and children themselves doing to promote resilience in children. What these people did should provide information basic to a guide for ways to promote resilience in children.

Clarifying the vocabulary of resilience

Those who work with children and families need to have tools to work with that help them apply information to particular situations or programs. They need tools that are simple to communicate, clear in meaning, and adaptable to use. Such changes were necessary from the findings of the International Resilience Project. For example, the long and complex definition of resilience could easily be simplified as follows: Resilience is the human capacity to face, overcome, and even be strengthened by the adversities of life.

The resilience features were a greater challenge. It was necessary to reduce the number of features from 26 to something more manageable and yet to retain the essence of all of them and also reflect the findings from the International Resilience Project; and it was necessary to find some clear and meaningful classification system for the different sources of resilience. Instead of External supports and resources, the term I HAVE is used; instead of Inner, personal strengths, the term I AM is used; and instead of Social, interpersonal skills, the term, I CAN is used. With that classification, the resilience features were collapsed as follows:

I HAVE

People around me I trust and who love me, no matter what
People who set limits for me so I know when to stop before there is danger or trouble
People who show me how to do things right by the way they do things
People who want me to learn to do things on the own
People who help me when I am sick, in danger or need to learn

I AM

A person people can like and love
Glad to do nice things for others and show my concern
Respectful of myself and others
Willing to be responsible for what I do
Sure things will be all right

I CAN

Talk to others about things that frighten me or bother me
Find ways to solve problems that I face
Control myself when I feel like doing something not right or dangerous
Figure out when it is a good time to talk to someone or to take action
Find someone to help me when I need it

A Guide to promoting resilience in children: strengthening the human spirit

The Guide was developed to help people working with children and families incorporate resilience into their work as they help parents and children promote resilience in the children (Grotberg, 1995).

The Guide incorporates the more useful definition and features of resilience and presents information and examples around the three age groups used in the Project. The Guide has been used in workshops and presentations in 15 countries during 1995.

A section from the Guide, addressing children from 9 9 to 11, provides the format and content for use at the younger ages.

Tasks of the age

During ages nine through eleven, the child learns about industry. He or she is actively engaged in mastering life skills, particularly in schoolwork. The child wants to be successful and to have a positive self-image as an achiever. He or she also wants close friends, as well as peer acceptance and approval. He or she can complete tasks and do things with others. If the child is unable to be successful in all this industry, he or she feels inferior and becomes extremely sensitive to his or her limitations. If the care givers, teachers, or friends make fun of the child or otherwise communicate that he or she is not very able, the child will feel insecure and may begin to doubt his or her self-worth and ability to succeed in the world.

What parents and care givers can do

When they promote resilience in the child from nine to eleven, parents and care givers:

provide unconditional love;
express love verbally and physically in age-appropriate ways;
use limits, calming behaviors, and oral reminders to help the child manage and modulate feelings, especially negative feelings and impulsive responses;
model consistent behaviors that communicate values and rules, including helpful resilience factors;
clarify the basis for rules and expectations;
praise accomplishments and desired behaviors, such as sticking with and finishing a hard homework assignment;
provide opportunities for the child to practice dealing with problems and adversities through exposure to manageable adversities and fantasy; provide guidance in the process, drawing on appropriate resilience factors;
encourage communication so that issues, expectations, feelings, and problems can be discussed and shared.

They also:

balance autonomy with available, but not imposed, help;
modulate consequences for mistakes with love and empathy so that the child can fail without feeling too much stress or fear of loss of approval and love;
communicate about and negotiate growing independence, new expectations, and new challenges;
encourage the child to accept responsibility for the consequences of his or her behavior while communicating confidence and optimism about the desired outcomes;
encourage and model flexibility in selecting different resilience factors as a response to an adverse situation; for example, seek help instead of continuing alone in a very difficult situation; show empathy

instead of continuing with anger or fear; share feelings with a friend instead of continuing to suffer alone.

Examples from the International Resilience Project

An example of a Personal experience reported by a boy is as follows:

An eleven year old boy was taking care of his three year old brother when the house caught fire. He tried to put it out, but couldn't. Then he tried to reach his brother, but couldn't. Finally, he ran out of the house and his brother was burned to death.

You promote resilience if you share the grief of the entire family over the loss of the three year old, and assure the boy you love him (I HAVE); if you let the boy know you understand how much he tried to save his brother (I CAN); and if you help him sort out his feelings of responsibility from his actions and desire to save his brother (I AM). You will help the boy use resilience to overcome this tragic adversity. The experience may guide him into a life of helping others in trouble and thereby become transformed by the tragedy.

If you blame the boy for not putting out the fire and for not saving his brother, you will reduce him to guilt and shame and sadness that may prevent him from ever developing resilience to overcome future adversities in life.

An example of responses to a structured Situation about a girl is as follows:

Nine year old Rita walks to school every day and passes a place where a group of older children stand around. When she passes them they call to her, make fun of her and, sometimes, push her. She has become so frightened she refuses to go to school any more and tells her mother she is sick. Her mother knows she is healthy.

Responses that promote resilience:

"The mother would take the child to the doctor to see if anything was wrong. When nothing was found wrong, the mother would accompany the child to school. The child would confide in her mother the real reason she did not want to go to school. The mother would try to help the child overcome the fear and give her a number of suggestions: ignore the children or walk with some friends. The child would follow the mother's advice, but would feel ashamed if the mother continued to accompany her to school."

"The parents would ask the girl the real reason why she does not want to go to school. They care about the child and are concerned. The child was very happy that her parents asked and she trusted them to help her. She will discuss the problem with them and they will solve it so she can go to school again."

Responses that do not promote resilience:

"The mother would send her to school and tell her not to be afraid. The child would still be afraid but would go."

"The mother would accompany the child to school every day and would feel heartbroken because of the problem. The child went to school unwillingly and felt unhappy. The child would learn to tell the truth."

The results

The resilient eleven year old is becoming flexible enough to move back and forth between autonomy and appropriate dependence, seeking help from authority figures and peers. The child is confident in himself or herself as a 'doer', able to take on and complete many activities, solving problems as they arise. The child's social confidence is also high. He or she can seek, develop, and maintain friendships and is increasingly able to talk through problems that arise in these relationships and to find reconciliation. The child is increasingly able to assess his or her own behavior and to accept responsibility for his or her actions and their consequences.

At eleven, the child can share feelings with trusted others and recognize and respect what others are feeling. The child is broadening the base of values and moral understanding and can decide for himself or herself whether what someone else wants to do is right or wrong and whether or not to go along with it. The child demonstrates empathy, altruism, confidence, self-esteem, optimism, and faith. He or she recovers from adversities, often feeling stronger, more confident, and 'grown-up'. The child is well equipped to face the challenges of his or her world.

Not all resilient eleven year olds with have developed their I HAVE, I AM, and I CAN resources to the same degree, but they will all be on their way.

The Guide provides suggestions on how to work with groups of parents or with those who provide services to children or with children directly, so that they may help in the promotion of resilience in children.

References

Badri, B., & Grotberg, E. (1984). Adapting and validating the Denver Prescreening Developmental Questionnaire for the Sudan. The Ahfad Journal, 1, 27 - 33.

Building on people's strengths: Early childhood in Africa (1994). The Bernard van Leer Foundation, the Hague.

Frankenburg, W., (1987). Fifth International Conference, Early identification of children at risk: Resiliency factors in prediction. University of Colorado, Denver, CO.

Garmezy, N. (1985). Stress-resistant children: The search for protective factors. In: J .E. Stevenson (Ed.) Recent research in developmental psychopathology, Journal of Child Psychology and Psychiatry

Book Supplement No.4 (213 - 233). Oxford: Pergamon Press.

Gordon, E., & Song, L. D., (1994). Variations in the experience of resilience. In: M. Wang & E. Gordon (Eds). Educational resilience in inner-city America, 27 0 43.

Grotberg, E., (1993). Promoting resilience in children: A new approach. University of Alabama at Birmingham: Civitan International Research Center.

Grotberg, E., (1995). A guide to promoting resilience in children: Strengthening the human spirit. The Bernard van Leer Foundation, the Hague.

Grotberg, E., & Badri, G., (1992). Sudanese children in the family and culture. In: U. P. Gielen, L. L. Adler & N. A. Milgram (Eds.) Psychology in International Perspective. Amsterdam: Swets & Zeitlinger. 213 - 232.

Kaufman, J., Cook, A., Arny, L., Jones B., & Pittinsky, T., (1994). Problems defining resilience: Illustrations from the study of maltreated children. Development and Psychopathology, 6, 115 - 147.

Kotliarenco, M.A., & Duenas, V., (1993) Vulnerabilidad versus "resilience:" Una propuesta de accion educativa. Trabajo presentado in el Seminario: Pobreza y desarrolio humano: Legitmidad y validez del diagnostico y evaluacion convencional. Santiago, Chile, Noviembre, 1992.

Manciaux, M., (1995). De la vulnerabilite a la resilience: du concept a l'action. Paper presented at the Symposio internacional on Stress e violencia, Lisbon, Portugal, Setembro 27 - 30, 1995.

Wade, C., (1993). The impact of gender and culture on our conception of Psychology. The General Psychologist. 29(3).

Werner, E., & Smith, R.S., (1982). Vulnerable but invincible: A longitudinal study of resilient children and youth. New York: McGraw Hill.